

Flathead County

Planning & Zoning

1035 1st Ave W, Kalispell, MT 59901 Telephone 406.751.8200 Fax 406.751.8210



APPLICATION FOR A VARIANCE

Submit this application, all required information, and appropriate fee (see current fee schedule) to the Planning & Zoning office at the address listed above.

FEE ATTACHED \$ 350.00

Before completing this application please read instructions on page 4.

1.	Name: ERICE Marcia Reimers				
	Address: 1235 Starwood Dr. City/State/Zip: Missoula MT 5980	Phone: 406 - 544 - 1034			
	City/State/Zip: Nissoula NI 5980	8			
	Email: reiersmarcia@aol.com	er der en seine der en seine			
	INTEREST IN PROPERTY:				
2.	APPLICANT: (If different from above)				
	Name: Ron Incoronato & Co.				
	Address: PO Box 1956	Phone: 406-250-2703			
	Address: PO Box 1956 City/State/Zip: Big GW MT 59911				
3.	TECHNICAL/PROFESSIONAL ASSISTANCE: (If applicable)				
J.	Name:				
	Address:	Phone:			
	City/State/Zip:				
	Email:	3			
4.	LOCATION OF PROPERTY FOR WHICH VARIANCE	LOCATION OF PROPERTY FOR WHICH VARIANCE IS SOUGHT:			
	0.17.15 (00 , 1 + 110	102-6 BIS.TIF			
	Physical Address: 247 Beach Rd. Lot # 118	Digtork Shores Subolivision			
5.	ZONING DISTRICT: Schooldist, 38 ZONING	DESIGNATION: R-4			
6.	DATE PROPERTY ACQUIRED:				
7.	LEGAL DESCRIPTION:				
9813181					
	Subdivision (if applicable)Lot/	Tract(s)			
	Assessor # Section NW436 Townsh	ip 27N Range 20 W.P.M.M.			
	Assessor # Section NW4836 Townsh	EIL A			
	Ä	Flathead Coun			

Zoning Regulati	ons #3 Setbacks: /	4 \$ 8 20'.	Section 13,12,1
			The state of the s
THIS IS A REQUE OF THE REGULAT	ST FOR A VARIANCE IN R FIONS (check one below):	ELATION TO T	HE PROVISIONS
*			
Area	Yard_	Height_	MAY 2 3 2
Coverage	Parking	Other	
STATE SPECIFICA	ALLY THE CHANGE(S) PRO	POSED AND TH	TE REASON(S)
SUCH CHANGE(S)	ARE NECESSARY (use add	litional sheet if nec	essary):
Change reque	stool for 20' set back	s front & R	ear because
with existing	3) vegulation of 20' th	e necoled space	e for garage
in not harge &	hough for the Lot	V	
			articles and the second second second
EXDIAIN HOW VO	UR CASE CONFORMS TO	EACH OR THE	
			FOLLOWING
RECIIPEMENTS	the complete use additional ob	ant it managements	
REQUIREMENTS (be complete, use additional sh	eet if necessary):	
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D. The hardship was not created by the applicant these Lots were clevely perfect to the property of the proper	Shed,
E. The hardship is not economic (where a reason exists). There is no other with the street Serve parking of the s	e alternative to
F. Granting the variance will not adversely affect or the public. No please See affaired was also non a portion of the public o	the building that onforming Dand is
H. Granting the variance will not confer a special other similar properties in the same district.	fos of Basch rd
ATTACH A PLOT PLAN OR DRAWING.	RECEIVED MAY 2 3 2014 FLATHEAD COUNTY PLANNING & ZONING OFFICE

12.

I hereby certify under penalty of perjury and the laws of the State of Montana that the information submitted herein, on all other submitted forms, documents, plans or any other information submitted as part of this application, to be true, complete, and accurate to the best of my knowledge. Should any information or representation submitted in connection with this application be incorrect or untrue, I understand that any approval based thereon may be rescinded or other appropriate action taken. The signing of this application signifies approval for FCPZ staff to be present on the property for routine monitoring and inspection during the approval and development process.

Owner/Applicant Signature

May 23/14
Date

INSTRUCTIONS FOR VARIANCE APPLICATION

- 1. <u>ANSWER ALL QUESTIONS</u>. Answers should be clear and contain all the necessary information.
- 2. In answering Question 7, refer to the classification system in the Zoning Regulations and explain in detail the specific standards from which the applicant is seeking relief.
- 3. In answering Question 9, be specific and complete. In this and all other questions, if additional space is needed you may use additional paper, and list which section number you are continuing.
- 4. Answer Question 10, A-H completely and fully.
- 5. A copy of the plot plan or site plan must be submitted with each application (Please include 6 copies if you submit a size larger than 11x17).
- 6. A <u>Certified</u> Adjoining Property Owners List must be submitted with the application (see forms below). The list will be sent directly to the Planning & Zoning office, unless you request otherwise. This list is valid for a period of 6 months from date generated. You may also get a certified adjoining landowners list from a title company if you choose.
- 7. A fee per the FCPZ schedule of fees for a variance application must be submitted with this application to cover the cost of necessary investigation, publication, mailing and processing procedures.





Flathead County GIS 800 South Main Street Kalispell, MT 59901

Phone (406) 758-5540 Fax (406) 758-5840



May 13, 2008

To: Whom it may concern

From: Mindy Cochran, GIS Program Manager

Subject: Adjacent Property Ownership List

To obtain a certified list of property ownership, please have the appropriate agency fill out the attached form and submit it to the Flathead County GIS Department at 800 South Main Street, located on the third floor of the old Courthouse.

The search fee is \$75.00 and is due at the time of request to the GIS Department. Please make checks payable to Flathead County. Your certified list will be ready one week from the date ordered. Rush orders will be accepted at the rate of \$150.00 per list.

For orders requested by the Flathead County Planning and Zoning Department, the completed list will be sent directly to the Planning Office. Otherwise, customers may pick up the certified list in the GIS Department.

Please note that the Planning Offices also accept ownership lists searched and certified by a local title company.

